

CITY OF LINCOLN BUILDING PERMIT APPLICATION

Development Services Dept 600 Sixth Street, Lincoln, CA 95648 (916) 434-2470

DATE RECEIVED

PROPERTY OWNER _____ TELEPHONE # _____

(Please indicate the property owner information not the tenant or management company.)

ADDRESS _____ CITY, ST, ZIP _____

CONTRACTOR _____ TELEPHONE # _____

ADDRESS _____ CITY, ST, ZIP _____

CONTRACTOR'S LICENSE # _____

CONTACT PERSON _____ PHONE# _____

EMAIL ADDRESS _____ FAX # _____

BUILDING SITE ADDRESS _____

DESCRIBE WORK _____

VALUATION* \$ _____ SQUARE FOOTAGE OF PROJECT _____

(*Note: valuation is calculated by office staff for Room Additions and Patio Covers based on square footage)

(check one) RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____

☐ I am submitting an application for a permanent sign permit which includes an authorization letter from the *property owner* and the *property owner's signature* on each plan copy.

☐ I hereby certify that I have read this application and state that the above information is correct and that I am the owner or the duly authorized agent of the owner. I agree to comply with all county and state laws relating to building construction. I hereby authorize representatives of the City of Lincoln to enter upon the above-mentioned property for inspection purposes.

☐ If applicable, I understand that I am responsible for identifying and complying with any Covenants, Conditions & Restrictions which are legally enforceable by my homeowner's association (HOA).

Signature: _____ Date: _____

☐ Contractor ☐ Owner ☐ Agent for Contractor ☐ Agent for Owner

Only for Home Developers:

A.P.N. _____ SUBDIVISION _____ LOT _____

NEW SFD PLAN # _____ NEW MFD PLAN # _____

OF BATHROOMS _____ # OF BEDROOMS _____

LOT COVERAGE RATIO:

_____ SF of ALL Structures
_____ SF of building site

USE	SQUARE FEET	OCCUPANCY	PER S.F.	VALUE
Living				
Garage				
Patio/Porch				

PLAN CHECK SUBMITTAL DEPOSIT** \$ _____

(**Note: deposit based on valuation, plan check based on actual charges incurred by City staff or contracted plan reviewers and determination to contract is made solely by Chief Building Official or designee)

PAID \$ _____ RECEIPT # _____ BUS LIC # _____

Revision date: 11/02/11

FOR OFFICE USE:

TOTAL VALUATION* \$ _____ (when valuation is determined by land use)

EXACT PLAN CHECK \$ _____

PERMIT FEE \$ _____

PLUMBING PERMIT \$ _____

ELECTRICAL PERMIT \$ _____

MECHANICAL PERMIT \$ _____

SPECIAL FEES:

ENERGY PC/HANDICAP _____

REGIONAL TRAFFIC FEE _____

BUILDING SEWER _____

COUNTY FACILITIES _____

CITY WATER _____

OCCUPANCY CERTIFICATE _____

C.A.T. FEE _____

SEISMIC FEE _____

PARK TAX _____

CEMETERY FEE _____

PARK IN LIEU FEE _____

SUPPLEMENTAL FEE _____

COMMUNITY SERVICE FEE _____

PUBLIC BENEFIT FEE _____

DRAINAGE FEE _____

GREEN FEE _____

TRAFFIC MITIGATION FEE _____

REFUSE CONTAINER _____

SPECIAL FEES TOTAL \$ _____

TOTAL FEES \$ _____

PLAN CHECK:

CIRCULATE TO _____ DATE _____ RETURNED _____

APPROVED/NOT APPROVED BY _____ DATE _____

COMMENTS:

TIME OF REVIEWER _____ MIN/HOUR RATE: _____ TOTAL _____

CIRCULATE TO _____ DATE _____ RETURNED _____

APPROVED/NOT APPROVED BY _____ DATE _____

COMMENTS:

TIME OF REVIEWER _____ MIN/HOUR RATE: _____ TOTAL _____

CIRCULATE TO _____ DATE _____ RETURNED _____

APPROVED/NOT APPROVED BY _____ DATE _____

COMMENTS:

TIME OF REVIEWER _____ MIN/HOUR RATE: _____ TOTAL _____

NOTES:
